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FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1		ORGANIZATION				OFF.C. MAI	CENTER
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		inple:If typing, type the lines.	12FE4M		E ORIGIE!
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is changed)		HACKENSACK			NJ 0.7.60.2-02.47		
			CITY		STATE	ZIP COD	Œ
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COMMITTEE'S WEB	B PAGE ADI	DRESS (URL)					
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2. DATE 0	4 13	9/2013					
3. FEC IDENTIFIC	CATION NU	Ј МВЕР С	Arminet.				
4. IS THIS STATE	MENT	NEW (N) OR		AMENDED (A)			
I certify that I have a	examined th	nis Statement and to the bes	-	_	it is true, corre	ect and complete.	
Type or Print Name	of Treasure	Jennifer	<u> </u>	ho			et deligação que en com um antida grapações que com um den
Signature of Treasure	er	June 1	Q		Date 0	4 20 1	20 X 3
NOTE: Submission of		eous, or incomplete information	-			•	U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FOR (Revised 02/2	